

Ministers accused of failing to act as TB cases grow

- UK defies European trend with 11% rise in London
- Recent outbreaks in Luton and Swansea schools

Audrey Gillan
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The government is failing to act on a plan to tackle tuberculosis amid evidence that cases of the disease are rising, according to medical experts. They claim that officials are failing to give priority to controlling the potentially fatal disease in spite of a promise in October 2004 from the chief medical officer that he would aim to cut the number of cases within three years.

In 2005, there was an 11% rise in TB in the UK compared with 2004. In 2006 there was a further increase of 2%, with a total of 8,500 cases. In London, which has the highest number of infections each year, TB cases increased by 11.2% last year. Britain is the only country in western Europe experiencing a sustained rise in TB cases. The British Thoracic Society says nine out of 10 TB specialists believe the number of cases is likely to rise over the next five years. It is demanding that the Department of Health "takes more leadership on this issue".

About 400 TB patients die each year in the UK, mainly due to late diagnosis or complications of other illnesses. It usually affects the lungs, but sometimes other parts of the body, and can be spread when somebody with the infection coughs or sneezes. It cannot be caught by sharing items such as towels and cups or through someone spitting, and it cannot be passed on genetically. Symptoms include fever and night sweats, a persistent cough, losing weight and coughing or spitting blood. Just over 10% of people exposed for long enough to an infectious person will go on to develop the disease.

Keith Prowse, chairman of the British Lung Foundation, said: "The government TB action plan is all plan and no action. TB is preventable and treatable and the key to tackling it in the UK is in early diagnosis and treatment by specialists."

Julie Morgan, Labour chairwoman of the all-party parliamentary group on global tuberculosis, has filed a Commons early day motion expressing alarm at reports that Britain has experienced the biggest rise in cases of TB since 1999. Signed by 62 MPs, it "calls upon the government to confront the problem ... by ensuring that the TB action plan is implemented and greater priority given to tackling the increasing burden of TB in all parts of the UK". Ms Morgan, a former TB nurse specialist, a service threatened by cost-cutting, said: "We want to have this plan

implemented and ensure that TB is combated on every level." John Macfarlane, chairman of the British Thoracic Society, said: "This Victorian disease is on the march. We should be providing better TB services for everybody and setting an example for the rest of the world. It is relatively easy to diagnose and we can cure the vast majority of patients. That's what's so silly, really."

Five patients recently tested positive for the inactive form of TB at the Royal Cornhill hospital in Aberdeen after a worker was diagnosed as having the illness, and more than 250 pupils and staff at a junior school in Luton were given blood tests and x-rays after seven pupils tested positive for the disease. Results showed that 14 were in the early stages of TB and a further 57 had the latent form of the disease. Three hundred patients and staff were also offered screening after a member of staff at Dumfries and Galloway royal infirmary was diagnosed with the illness. Last month pupils in the nursery class at Gorseinon infants' school in Swansea were screened after their teacher was diagnosed with TB.

The charity TB Alert - which argues that the disease is still quite rare in the UK - says a lack of resources and properly trained staff working in the field can result in symptoms being unrecognised for too long. Tina Harrison, of TB Alert, said: "A lot of people see the rise in TB in the UK as being linked to immigration and, while it can't be denied that well over half of cases here occur in non-UK-born people, it should be noted that there are other countries with a high number of immigrants that are not experiencing an increase in cases.

"While TB can affect anyone, it is more likely to affect those with poor nutrition and general health whose immune systems are less able to fight the bacteria. This is why TB is so closely associated to poverty, since good general health and housing conditions are a major help in combating the spread of the infection."

The Department of Health said: "We are not complacent about TB, but we know there are no short-term solutions to tackling it, and long-term concerted action will take time to take effect."